

POLICY DEVELOPMENT REVISION FORM**SECTION I DESCRIPTION OF RECOMMENDED POLICY CHANGE OR DEVELOPMENT***(To be completed by anyone suggesting a policy change)*

Your Name:	Agency:
Policy Number/Title:	
How and why should existing policy be changed or rationale for why a new policy is needed.	
<input type="checkbox"/> <i>Additional Information</i>	
<i>Attached)</i>	

SECTION II: LEADERSHIP TEAM REVIEW *(To be completed by Division Director or Assignee)*

Recommendation of Division Director/Leadership Team		
<input type="checkbox"/> no change or new policy needed	<input type="checkbox"/> change existing policy	<input type="checkbox"/> develop new policy
Method to Use		
<input type="checkbox"/> policy specialist research <input type="checkbox"/> small stakeholder group <input type="checkbox"/> small group of Division staff <input type="checkbox"/> leadership team <input type="checkbox"/> other <i>(please describe):</i> _____		

_____ Division Director Signature YY		_____ / / MM DD
Target Date for completion of 2 nd Draft (1 st review by the Board) _____		
MM DD YY		

SECTION III: PUBLIC/BOARD REVIEW *(To be completed by division policy specialist)*

Date Form was Received by Policy Specialist		_____ / / MM DD
YY		
1st Draft Sent Out for Public Review		
Opens	_____ / / MM DD YY	Closes
		_____ / / MM DD
YY		

Draft Policy on Board Meeting Agenda

MM	DD	YY
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Board Action

<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
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<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised
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<input type="checkbox"/> no action	<input type="checkbox"/> approved	<input type="checkbox"/> revised

Utah DHS-DSPD
1/00**DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES**

Page 2 of 2

Form 1

POLICY DEVELOPMENT REVISION FORM**SECTION III: PUBLIC/BOARD REVIEW - Continued** (To be completed by division policy specialist)**Passed Policy Forwarded For Final Edits**

/	/
MM	DD

YY

Edited Policy Returned

/	/
MM	DD

YY

Policy Revised and Forwarded to Support Staff for Mail/Web

/	/
MM	DD

YY

Cost Analysis Completed

/	/
MM	DD

YY

SECTION IV: DISPERSION AND RULEMAKING (To be completed by assigned support staff)**Policy Filed in Master Copy** ☐ policy # _____ removed ☐ new policy Date _____
Initial _____**Policy Added to Division's Web Site** Date _____ Initial _____**Policy Sent to Printer** Date _____ Initial _____ **Printing Completed**
Date _____**Policy Added to Policy Manuals on Hand at State Office** Date _____
Initial _____**Policy Mailed to Staff and Provider Agencies** Date _____ Initial _____**Policy Formatted As A Rule** File Location/Name: F:/Users/All/dspd/rules/ _____
Completed On: Date _____ Initial _____**Rule Change Form Completed** Date _____ Initial _____ ☐ Division Director approved
Form's File Location/Name F:/Users/All/dspd/rules/ _____**Form and Rule Text Reviewed by Policy Specialist** Date _____ Initial _____**Form and Rule Text Approved by Division Director** Date _____ Initial _____**Form and Rule Text Approved by Department's Legal Counsel** Date _____
Initial _____**Form and Rule Text Approved and Signed by DHS Executive Director** Date _____

